



City of Albuquerque
Telecommunications Management
Wireless Communication Request Form

Date: _____

Department: _____	Division: _____
Activity Number: _____	Program: _____
Contact Name (Cell Phone Liaison): _____	Phone: _____

Pager:		
<input type="checkbox"/> Numeric	<input type="checkbox"/> Alpha/Numeric	<input type="checkbox"/> 2-Way (Requires justification below)

Cell Phone * (Please fill in ALL Boxes that apply):		*Note : Purchases > \$100 require Budget Approval, per the Mobile Device Policy
<input type="checkbox"/>	New Phone	
<input type="checkbox"/>	1st Replacement Phone	
<input type="checkbox"/>	2nd Replacement Phone	
<input type="checkbox"/>	Upgrade	
Calling Plan		Data Package
<input type="checkbox"/>	AMERICAS CHOICE II 400 SHARE EMAIL & DATA+N&W+IN UNL \$64.09 0408	<input type="checkbox"/>
<input type="checkbox"/>	AMERICAS CHOICE 100 SHARE \$30.75 0512	4G MOBILE BROADBAND UNLIMITED \$39.99 1210
<input type="checkbox"/>	PTT AMERICA CHOICE \$24.99	
Accessories: (Please include cost of each)		

This section MUST be completed before the order will be processed	
Assigned to: _____	Job Title: _____
Business Need	
Justification:	

Department Head Signature

CAO's Office Approval

Department Fiscal Manager

Director, Finance & Administrative Services